

EXHIBIT C

MV-104A (6/04)

3

LOCAL CODES
201800017080

POLICE ACCIDENT REPORT

MV-104A (6/04)

HKT8782SGP9

☐ AMENDED REPORT

1. ACCIDENT DATE MONTH 03 DAY 26 YEAR 2018		DAY OF WEEK Monday	MILITARY TIME 08:31	NO. OF VEHICLES 2	NO. INJURED 1	NO. KILLED 0	NOT INVESTIGATED AT SCENE <input type="checkbox"/>	LEFT SCENE <input type="checkbox"/>	POLICE PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2. VEHICLE 1 VEHICLE 1 - DRIVER LICENSE ID NUMBER DRIVER NAME - EXACTLY AS PRINTED ON LICENSE ADDRESS (INCLUDE NUMBER AND STREET) APT. NO. CITY OR TOWN STATE ZIP CODE		VEHICLE 2 VEHICLE 2 - DRIVER LICENSE ID NUMBER DRIVER NAME - EXACTLY AS PRINTED ON LICENSE ADDRESS (INCLUDE NUMBER AND STREET) APT. NO. CITY OR TOWN STATE ZIP CODE		VEHICLE 3 VEHICLE 3 - DRIVER LICENSE ID NUMBER DRIVER NAME - EXACTLY AS PRINTED ON LICENSE ADDRESS (INCLUDE NUMBER AND STREET) APT. NO. CITY OR TOWN STATE ZIP CODE		VEHICLE 4 VEHICLE 4 - DRIVER LICENSE ID NUMBER DRIVER NAME - EXACTLY AS PRINTED ON LICENSE ADDRESS (INCLUDE NUMBER AND STREET) APT. NO. CITY OR TOWN STATE ZIP CODE		VEHICLE 5 VEHICLE 5 - DRIVER LICENSE ID NUMBER DRIVER NAME - EXACTLY AS PRINTED ON LICENSE ADDRESS (INCLUDE NUMBER AND STREET) APT. NO. CITY OR TOWN STATE ZIP CODE	
3. DATE OF BIRTH MONTH DAY YEAR SEX UNLICENSED <input type="checkbox"/> NO. OF OCCUPANTS PUBLIC PROPERTY DAMAGED <input type="checkbox"/>		DATE OF BIRTH MONTH DAY YEAR SEX UNLICENSED <input type="checkbox"/> NO. OF OCCUPANTS PUBLIC PROPERTY DAMAGED <input type="checkbox"/>		DATE OF BIRTH MONTH DAY YEAR SEX UNLICENSED <input type="checkbox"/> NO. OF OCCUPANTS PUBLIC PROPERTY DAMAGED <input type="checkbox"/>		DATE OF BIRTH MONTH DAY YEAR SEX UNLICENSED <input type="checkbox"/> NO. OF OCCUPANTS PUBLIC PROPERTY DAMAGED <input type="checkbox"/>		DATE OF BIRTH MONTH DAY YEAR SEX UNLICENSED <input type="checkbox"/> NO. OF OCCUPANTS PUBLIC PROPERTY DAMAGED <input type="checkbox"/>	
4. NAME - EXACTLY AS PRINTED ON REGISTRATION MONTH DAY YEAR SEX DATE OF BIRTH MONTH DAY YEAR ADDRESS (INCLUDE NUMBER AND STREET) APT. NO. HAZ. MAT. COD. RELEASED <input type="checkbox"/>		NAME - EXACTLY AS PRINTED ON REGISTRATION MONTH DAY YEAR SEX DATE OF BIRTH MONTH DAY YEAR ADDRESS (INCLUDE NUMBER AND STREET) APT. NO. HAZ. MAT. COD. RELEASED <input type="checkbox"/>		NAME - EXACTLY AS PRINTED ON REGISTRATION MONTH DAY YEAR SEX DATE OF BIRTH MONTH DAY YEAR ADDRESS (INCLUDE NUMBER AND STREET) APT. NO. HAZ. MAT. COD. RELEASED <input type="checkbox"/>		NAME - EXACTLY AS PRINTED ON REGISTRATION MONTH DAY YEAR SEX DATE OF BIRTH MONTH DAY YEAR ADDRESS (INCLUDE NUMBER AND STREET) APT. NO. HAZ. MAT. COD. RELEASED <input type="checkbox"/>		NAME - EXACTLY AS PRINTED ON REGISTRATION MONTH DAY YEAR SEX DATE OF BIRTH MONTH DAY YEAR ADDRESS (INCLUDE NUMBER AND STREET) APT. NO. HAZ. MAT. COD. RELEASED <input type="checkbox"/>	
5. PLATE NUMBER STATE OF REG. VEHICLE YEAR & MAKE VEHICLE TYPE INS. CODE		PLATE NUMBER STATE OF REG. VEHICLE YEAR & MAKE VEHICLE TYPE INS. CODE		PLATE NUMBER STATE OF REG. VEHICLE YEAR & MAKE VEHICLE TYPE INS. CODE		PLATE NUMBER STATE OF REG. VEHICLE YEAR & MAKE VEHICLE TYPE INS. CODE		PLATE NUMBER STATE OF REG. VEHICLE YEAR & MAKE VEHICLE TYPE INS. CODE	
6. TICKET/ARREST NUMBERS(S)		TICKET/ARREST NUMBERS(S)		TICKET/ARREST NUMBERS(S)		TICKET/ARREST NUMBERS(S)		TICKET/ARREST NUMBERS(S)	
7. VIOLATION SECTION(S)		VIOLATION SECTION(S)		VIOLATION SECTION(S)		VIOLATION SECTION(S)		VIOLATION SECTION(S)	
8. CHECK IF INVOLVED VEHICLE IS: <input type="checkbox"/> MORE THAN 95 INCHES WIDE; <input type="checkbox"/> MORE THAN 34 FEET LONG; <input type="checkbox"/> OPERATED WITH AN OVERWEIGHT PERMIT; <input type="checkbox"/> OPERATED WITH AN OVERDIMENSION PERMIT.		CHECK IF INVOLVED VEHICLE IS: <input type="checkbox"/> MORE THAN 95 INCHES WIDE; <input type="checkbox"/> MORE THAN 34 FEET LONG; <input type="checkbox"/> OPERATED WITH AN OVERWEIGHT PERMIT; <input type="checkbox"/> OPERATED WITH AN OVERDIMENSION PERMIT.		CIRCLE THE DIAGRAM BELOW THAT DESCRIBES THE ACCIDENT, OR DRAW YOUR OWN DIAGRAM IN SPACE #9. NUMBER THE VEHICLES.		REAR END 1.		LEFT TURN 3.	
9. VEHICLE 1 DAMAGE CODES: BOX 1 - POINT OF IMPACT BOX 2 - MOST DAMAGE ENTER UP TO THREE MORE DAMAGE CODES VEHICLE BY: TOWED TO:		VEHICLE 2 DAMAGE CODES: BOX 1 - POINT OF IMPACT BOX 2 - MOST DAMAGE ENTER UP TO THREE MORE DAMAGE CODES VEHICLE BY: TOWED TO:		SIDESWIPE (SAME DIRECTION) 2.		LEFT TURN 0.		RIGHT TURN 4.	
10. VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 15. TRAILER 16. OVERTURNED 17. DEMOLISHED 18. NO DAMAGE 19. OTHER		VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 15. TRAILER 16. OVERTURNED 17. DEMOLISHED 18. NO DAMAGE 19. OTHER		ACCIDENT DIAGRAM 9.		COST OF REPAIRS TO ANY ONE VEHICLE WILL BE MORE THAN \$1,000. <input type="checkbox"/> UNKNOWN/UNABLE TO DETERMINE <input type="checkbox"/> Yes <input type="checkbox"/> No		COST OF REPAIRS TO ANY ONE VEHICLE WILL BE MORE THAN \$1,000. <input type="checkbox"/> UNKNOWN/UNABLE TO DETERMINE <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. REFERENCE MARKER		COORDINATES (IF AVAILABLE) LATITUDE/NORTHING: LONGITUDE/EASTING:		PLACE WHERE ACCIDENT OCCURRED: COUNTY NIAGARA <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF ROAD ON WHICH ACCIDENT AT 1) INTERSECTING OR 2) <input type="checkbox"/> N <input type="checkbox"/> S OF <input type="checkbox"/> E <input type="checkbox"/> W FEET MILES (MILEPOST, NEAREST INTERSECTING ROUTE NUMBER OR STREET NAME)		COUNTY NIAGARA <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF ROAD ON WHICH ACCIDENT AT 1) INTERSECTING OR 2) <input type="checkbox"/> N <input type="checkbox"/> S OF <input type="checkbox"/> E <input type="checkbox"/> W FEET MILES (MILEPOST, NEAREST INTERSECTING ROUTE NUMBER OR STREET NAME)		COUNTY NIAGARA <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF ROAD ON WHICH ACCIDENT AT 1) INTERSECTING OR 2) <input type="checkbox"/> N <input type="checkbox"/> S OF <input type="checkbox"/> E <input type="checkbox"/> W FEET MILES (MILEPOST, NEAREST INTERSECTING ROUTE NUMBER OR STREET NAME)	
12. ACCIDENT DESCRIPTION/OFFICER'S NOTES of Vehicle#1, later identified by PATROL as JOHN M. MOUDY, appeared to be pinned inside the driver compartment from the impact. Upon arrival at the scene PATROL did break a passenger side window and with the assistance of resident forced a passenger door open with a pry bar too. PATROL observed MOUDY inside Vehicle#1 with labored breathing and a slight pulse. Due to MOUDY'S legs being pinned beneath the dash board/driver compartment, PATROL with NCSO Deputy AUSTIN were unable to remove MOUDY from his vehicle. MOUDY sustained injuries to his face/head/legs, chest and									
13. ALL INVOLVED									
14. OFFICER'S RANK AND SIGNATURE Deputy <i>Joey Tortorella</i> #102									
15. PRINT NAME IN FULL JOEY TORTORELLA									
16. BADGE/ID NO. 0102									
17. NCIC NO. 03100									
18. PRECINCT/POST TROOP/ZONE									
19. STATION/BEAT SECTOR									
20. REVIEWING OFFICER TREIS, ANTHONY									
21. DATE/TIME REVIEWED 4/5/2018 11:30									

00000001

Last Mod: 4/5/2018 11:30 AM

https://www.crashlogic.com

LOCAL CODES
201800017080**HKT8782SGP9**☐ **AMENDED REPORT****POLICE ACCIDENT REPORT**

MV-104A (6/04)

1		ACCIDENT DATE		DAY OF WEEK	MILITARY TIME	NO. OF VEHICLES	NO. INJURED	NO. KILLED	NOT INVESTIGATED AT SCENE <input type="checkbox"/>	LEFT SCENE <input type="checkbox"/>	POLICE PHOTOS		
		MONTH	DAY	YEAR					ACCIDENT RECONSTRUCTED <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
		03	26	2018	Monday	08:31	2	1	0				
		VEHICLE 1					VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN						
		VEHICLE 1 - DRIVER					VEHICLE - DRIVER						
2		LICENSE ID NUMBER					LICENSE ID NUMBER						
		DRIVER NAME - EXACTLY AS PRINTED ON LICENSE					DRIVER NAME - EXACTLY AS PRINTED ON LICENSE						
		ADDRESS (INCLUDE NUMBER AND STREET)					ADDRESS (INCLUDE NUMBER AND STREET)						
		APT. NO.					APT. NO.						
		CITY OR TOWN					CITY OR TOWN						
		STATE					STATE						
		ZIP CODE					ZIP CODE						
3		DATE OF BIRTH		SEX	UNLICENSED	NO. OF OCCUPANTS	PUBLIC PROPERTY DAMAGED	DATE OF BIRTH		SEX	UNLICENSED	NO. OF OCCUPANTS	PUBLIC PROPERTY DAMAGED
		MONTH	DAY	YEAR	<input type="checkbox"/>		<input type="checkbox"/>	MONTH		DAY	YEAR	<input type="checkbox"/>	<input type="checkbox"/>
		NAME - EXACTLY AS PRINTED ON REGISTRATION					NAME - EXACTLY AS PRINTED ON REGISTRATION						
		SEX					SEX						
		DATE OF BIRTH					DATE OF BIRTH						
		MONTH DAY YEAR					MONTH DAY YEAR						
4		ADDRESS (INCLUDE NUMBER AND STREET)					ADDRESS (INCLUDE NUMBER AND STREET)						
		APT. NO. HAZ. MAT. COD.					APT. NO. HAZ. MAT. COD.						
		RELEASED					RELEASED						
		CITY OR TOWN					CITY OR TOWN						
		STATE					STATE						
		ZIP CODE					ZIP CODE						
5		PLATE NUMBER	STATE OF REG.	VEHICLE YEAR & MAKE	VEHICLE TYPE	INS. CODE	PLATE NUMBER		STATE OF REG.	VEHICLE YEAR & MAKE	VEHICLE TYPE	INS. CODE	
6		TICKET/ARREST NUMBERS(S)					TICKET/ARREST NUMBERS(S)						
		VIOLATION SECTION(S)					VIOLATION SECTION(S)						
7		CHECK IF INVOLVED VEHICLE IS:					CHECK IF INVOLVED VEHICLE IS:						
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		BOX 1 - POINT OF IMPACT					BOX 1 - POINT OF IMPACT						
		BOX 2 - MOST DAMAGE					BOX 2 - MOST DAMAGE						
		ENTER UP TO THREE MORE DAMAGE CODES					ENTER UP TO THREE MORE DAMAGE CODES						
		VEHICLE BY:					VEHICLE BY:						
		TOWED TO:					TOWED TO:						
		VEHICLE DAMAGE CODING:					VEHICLE DAMAGE CODING:						
		1-13 SEE DIAGRAM ON RIGHT.					1-13 SEE DIAGRAM ON RIGHT.						
		14. UNDERCARRIAGE 15. TRAILER 16. OVERTURNED					17. DEMOLISHED 18. NO DAMAGE 19. OTHER						
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		RIGHT ANGLE 4.					RIGHT TURN 5.						
		HEAD ON 7.					SIDESWIPE (OPPOSITE DIRECTION) 8.						
		SIDESWIPE (SAME DIRECTION) 2.					LEFT TURN 6.						
		ACCIDENT DIAGRAM 9.					ACCIDENT DIAGRAM 9.						
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		COORDINATES (IF AVAILABLE)					COUNTY NIAGARA <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF						
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		FEET MILES <input type="checkbox"/> E <input type="checkbox"/> W					(MILEPOST, NEAREST INTERSECTING ROUTE NUMBER OR STREET NAME)						
9		ACCIDENT DESCRIPTION/OFFICER'S NOTES											
		remained unconscious upon arrival of EMS personnel from Shawnee Fire Co. and Mercy Flight. A landing zone was set up on Shawnee Road at which time MOUDY was transported with life threatening injuries by Mercy Flight to the Erie County Medical Center. A neighbor at 6743 Shawnee Road, Jason J. Jafari (06/15/82) advised PATROL he was lying on his couch at approx. 0630 Hrs. on 03/26/18 when he heard a loud crash in front of his residence. Jafari advised PATROL when he ran outside to assist PROHASKA with MOUDY he observed Vehicle #1 had no lights on. Jafari advised											
10		NAMES OF ALL INVOLVED											
		DATE OF DEATH ONLY											
11		OFFICER'S RANK AND SIGNATURE											
		Deputy <i>Joey Tortorella</i>											
12		BADGE/ID NO.											
		0102											
13		NCIC NO.											
		03100											
14		PRECINCT/POST TROOP/ZONE											
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15		REVIEWING OFFICER											
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16		DATE/TIME REVIEWED											
		4/5/2018 11:30											

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PATROL he did not witness the accident, however, he did not see Vehicle#1 with lights on at any time. Jafari provided PATROL with a statement to the incident.																																																																																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>BY</td><td>TO</td><td>18</td><td>NAMES OF ALL INVOLVED</td><td>DATE OF DEATH ONLY</td> </tr> <tr><td>A</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>B</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>C</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>E</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>F</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>												8	9	10	11	12	13	14	15	16	17	BY	TO	18	NAMES OF ALL INVOLVED	DATE OF DEATH ONLY	A															B															C															D															E															F														
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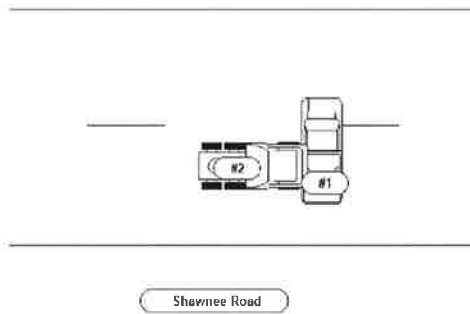
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MV-104A (6/04)

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03	26	2018	Monday	08:31	2	1	0			



OFFICER'S RANK AND SIGNATURE	Deputy <i>Joey Tortorella</i> #102	BADGE/ID NO.	NCIC NO.	PRECINCT/POST TROOP/ZONE	STATION/BEAT SECTOR	REVIEWING OFFICER	DATE/TIME REVIEWED
PRINT NAME IN FULL	JOEY TORTORELLA	0102	03100			TREIS, ANTHONY	4/5/2018 11:30

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<https://www.crashlogic.com>



TRUCK and BUS SUPPLEMENTAL POLICE ACCIDENT REPORT

MV-1045 (10/05)

Mail To: NYS Dept. of Motor Vehicles, Accident Records Bureau,
PO Box 2084, Albany NY 12220-0084

Local Codes
201800017080
HKT8782SGP9

☐ **AMENDED REPORT**
INSTRUCTIONS: You must complete this form:

- ◆ If at least one of the vehicles involved is:
 - a truck having a GVWR or GCWR > 10,000 lbs; or
 - a vehicle with a Haz Mat placard; or
 - a bus designed to carry 9 or more persons, including the driver;
- ◆ AND at least one of the following conditions is met:
 - at least one person sustained fatal injuries
 - at least one person was transported for IMMEDIATE medical treatment
 - at least one vehicle is disabled and was towed/transported from the scene.

Number of:

- 1** Trucks having a GVWR or GCWR > 10,000 lbs.
- 0** Vehicles with a Haz Mat placard
- 0** Buses designed to carry 9 or more persons

Number of Vehicles:

- 2** Towed/transported from scene due to damage

Number of Persons:

- 0** Sustaining fatal injuries
- 1** Transported for IMMEDIATE medical treatment

ACCIDENT DATE

Month **03** Day **26** Year **2018**

MILITARY TIME

08:31

COUNTY

Niagara

CITY/TOWN/VILLAGE

WHEATFIELD, Town of

DRIVER

DRIVER
LICENSE ID #

5 1 2 2 1 2 6 7 4

STATE OF LIC.

NY

DRIVER NAME - exactly as printed on license (Last, First, M.I.)

PROHASKA, NICHOLAS J

1

LICENSE CLASS

1 A 2 B 3 CDL C 4 D 5 DJ
6 E 7 M 8 MJ 9 OTHER 10 DM

DATE OF BIRTH

Month Day Year

SEX

1 Male
2 Female

7
1

CARRIER

CARRIER NAME:

JEFF YATES TOOLS

STREET OR P.O. BOX

3564 ORANGEPORT ROAD

CITY

GASPORT

STATE ZIP CODE

NY 14067TOTAL AXLES
(Includes Trailers)

8
2

PLATE NUMBER

99474MG

STATE OR REG.

NY

CARRIER'S IDENTIFICATION NUMBERS

US DOT

1 7 7 8 0 8 2

ICC MC

2

WEIGHT RATING OF TRUCK POWER UNIT

- 1 Less than or equal to 10,000 lbs.
2 10,001 - 26,000 lbs. 3 More than 26,000 lbs

VEHICLE IDENTIFICATION NUMBER

2 N P 2 H M 6 X 1 E M 2 2 6 3 2 3

3

VEHICLE CONFIGURATION

- 1 Bus (seats for more than 15 people, including driver)
2 Single-unit Truck: (2-axle, 6-tire)
3 Single-unit Truck: (3 or more axles)
4 Truck/Trailer
5 Truck Tractor (bobtail)
6 Tractor/Semi-trailer
7 Tractor/Doubles
- 8 Tractor/Triples
9 Unknown Heavy Truck, cannot classify
10 Passenger Car - only record when vehicle displays a Hazardous Material placard
11 Light truck (van, mini-van, panel, pickup, sport utility vehicle) only record when vehicle displays a HM placard
12 Bus (seats for 9-15 people, including driver)

TRAFFIC WAY

- 1 Two-way, not divided
2 Two-way, divided, unprotected median
3 Two-way, divided, positive median barrier
4 One-way not divided
5 Not reported

9
1

4

CARGO BODY TYPE

- 1 Bus (seats for more than 15 people, including driver)
2 Van/Enclosed Box
3 Cargo Tank
4 Flatbed
5 Dump
- 6 Concrete Mixer
7 Auto Transporter
8 Garbage/Refuse
9 Other
- 10 Grain, Chips, Gravel
11 Pole
12 Bus (seats for 9-15 people, including driver)

ACCESS CONTROL

- 1 No Access Control
2 Full Access Control
4 Partial Access Control

10
1

5

HAZARDOUS MATERIALS INVOLVEMENT

Does vehicle have Haz Mat placard? 1 Yes 2 No

COPY FROM PLACARD

4-digit identification number 1 or 2-digit number from
from diamond/orange panel bottom of diamond

1 2 3 4

NAME OF HAZ

MAT CLASS:

6

WAS HAZARDOUS CARGO RELEASED FROM
VEHICLE (Other than fuel from fuel tank)?

1 Yes 2 No

SEQUENCE OF EVENTS (FOR THIS VEHICLE)

- 1 Ran Off Road (noncollision)
2 Jackknife (noncollision)
3 Overturn/Rollover (noncollision)
4 Downhill Runaway (noncollision)
5 Cargo Loss of Shift (noncollision)
6 Explosion or Fire (noncollision)
7 Separation of Units (noncollision)
8 Involving Pedestrian (collision)
9 Involving Motor Vehicle in Transport (collision)
10 Involving Parked Motor Vehicle (collision)
11 Involving Train (collision)
12 Involving Pedalcycle (collision)
- 13 Involving Animal (collision)
14 Involving Fixed Object (collision)
18 Cross Median/Centerline (noncollision)
19 Equipment Failure (noncollision) (brake, failure, blown tires, etc.)
20 Other (noncollision)
21 Unknown (noncollision)
22 With Work Zone Maintenance Equipment (collision)
23 With Other Movable Object (collision)
24 With Unknown Movable Object (collision)

11
9
12
13
14

OFFICER'S RANK AND SIGNATURE

Deputy

Deputy Joe Tortorella # 102

BADGE/ID NO.

0102

NCIC NO.

03100

DATE OF REPORT

PRINT NAME IN
FULL

JOEY TORTORELLA

00000001

Last Mod: 4/5/2018 11:30 AM

<https://www.crashlogic.com>

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION			APPARENT CONTRIBUTING FACTORS		
1. Pedestrian/Bicyclist/Other Pedestrian at Intersection 2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection			Human 2. Alcohol Involvement 3. Backing Unsafely 4. Driver Inattention/Distracted* 5. Driver Inexperience* 6. Drugs (Illegal) 7. Failure to Yield Right-of-Way 8. Fell Asleep 9. Following Too Closely 10. Illness 11. Lost Consciousness 12. Passenger Distraction 13. Passing or Lane Usage Improper 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion 15. Physical Disability 16. Prescription Medication 17. Traffic Control Disregarded 18. Turning Improperly 19. Unsafe Speed 20. Unsafe Lane Changing 21. Fatigued/Drowsy 22. Cell Phone (hand-held) 23. Cell Phone (hands-free) 24. Other Electronic Device* 25. Outside Car Distraction* 26. Reaction to Uninvolved Vehicle 27. Failure to Keep Right 28. Aggressive Driving/Road Rage* 29. Passing Too Closely 30. Vehicle Vandalism 31. Texting 32. Using On Board Navigation Device 33. Eating or Drinking 34. Listening/Using Headphones		
PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION 1. Crossing, With Signal 2. Crossing, Against Signal 3. Crossing, No Signal, Marked Crosswalk 4. Crossing, No Signal or Crosswalk 5. Riding/Walking/Skating Along Highway With Traffic 6. Riding/Walking/Skating Along Highway Against Traffic 7. Emerging from In Front of/ Behind Parked Vehicle 8. Going to/From Stopped School Bus 9. Getting On/Off Vehicle Other Than School Bus 11. Working in Roadway 12. Playing in Roadway 13. Other Actions in Roadway* 14. Not in Roadway (Indicate)*			Vehicular 41. Accelerator Defective 42. Brakes Defective 43. Headlights Defective 44. Other Lighting Defects 45. Oversized Vehicle 46. Steering Failure 47. Tire Failure/Inadequate 48. Tow Hitch Defective 49. Windshield Inadequate 50. Driverless/Runaway Vehicle 51. Tinted Windows 60. Other Vehicular* Environmental 61. Animal's Action 62. Glare 63. Lane Marking Improper/ Inadequate 64. Obstruction/Debris 65. Pavement Defective 66. Pavement Slippery 67. Shoulders Defective/ Improper 68. Traffic Control Device Improper/Non-Working 69. View Obstructed/Limited		
TRAFFIC CONTROL 1. None 2. Traffic Signal 3. Stop Sign 4. Flashing Light 5. Yield Sign 6. Officer/Guard 7. No Passing Zone 8. RR Crossing Sign 9. RR Crossing Flashing Light 10. RR Crossing Gates 11. Stopped School Bus- Red Lights Flashing 12. Construction Work Area 13. Maintenance Work Area 14. Utility Work Area 15. Police/Fire Emergency 16. School Zone 20. Other*			PRE-ACCIDENT VEHICLE ACTION 1. Going Straight Ahead 2. Making Right Turn 3. Making Left Turn 4. Making U Turn 5. Starting from Parking 6. Starting in Traffic 7. Slowing or Stopping 8. Stopped in Traffic 9. Entering Parked Position 10. Parked 11. Avoiding Object in Roadway 12. Changing Lanes 13. Passing 14. Merging 15. Backing 18. Police Pursuit 20. Other*		
LIGHT CONDITIONS 1. Daylight 2. Dawn 3. Dusk 4. Dark-Road Lighted 5. Dark-Road Unlighted			DIRECTION OF TRAVEL: 		
ROADWAY CHARACTER 1. Straight and Level 2. Straight and Grade 3. Straight at Hillcrest 4. Curve and Level 5. Curve and Grade 6. Curve at Hillcrest			LOCATION OF MOST SEVERE PHYSICAL COMPLAINT 1. Head 2. Face 3. Eye 4. Neck 5. Chest 6. Back 7. Shoulder-Upper Arm 8. Elbow-Lower Arm-Hand 9. Abdomen - Pelvis 10. Hip-Upper Leg 11. Knee-Lower Leg-Foot 12. Entire Body		
WEATHER 1. Clear 2. Cloudy 3. Rain 4. Snow 5. Sleet/Hail/Freezing Rain 6. Fog/Smog/Smoke 0. Other*			LOCATION OF FIRST EVENT 1. On Roadway 2. Off Roadway		
WHICH VEHICLE OCCUPIED 1. Vehicle No. 1 2. Vehicle No. 2 A. All-Terrain Vehicle (ATV) B. Bicyclist C. In-Line Skater O. Other* P. Pedestrian S. Snowmobiler			TYPE OF PHYSICAL COMPLAINT 1. Amputation 2. Concussion 3. Internal 4. Minor Bleeding 5. Severe Bleeding 6. Minor Burn 7. Moderate Burn 8. Severe Burn 9. Fracture - Dislocation 10. Contusion - Bruise 11. Abrasion 12. Complaint of Pain 13. None Visible 14. Whiplash		
POSITION IN/ON VEHICLE 1. Driver 2-7. Passengers 8. Riding/Hanging on Outside			TYPE OF ACCIDENT -- COLLISION WITH 1. Other Motor Vehicle 2. Pedestrian 3. Bicyclist 4. Animal 5. Railroad Train 7. Deer 8. Other pedestrian 10. Other Object (Not Fixed)*		
SAFETY EQUIPMENT USED 1. None 2. Lap Belt 3. Harness 4. Lap Belt/Harness 5. Child Restraint Only 6. Helmet (Motorcycle Only) 7. Air Bag Deployed 8. Air Bag Deployed/Lap Belt 9. Air Bag Deployed/Harness A. Air Bag Deployed/Lap Belt/Harness B. Air Bag Deployed/Child Restraint			COLLISION WITH FIXED OBJECT 11. Light Support/Utility Pole 12. Guide Rail-Not At End 25. Guide Rail-End 13. Crash Cushion 14. Sign Post 15. Tree 16. Building/Wall 17. Curbing 18. Fence 19. Bridge Structure 20. Culvert/Head Wall 21. Median-Not At End 26. Median-End 27. Barrier 22. Snow Embankment 23. Earth Embankment/Rock Out/Ditch 24. Fire Hydrant 30. Other Fixed Object* NO COLLISION 31. Overturned 32. Fire/Explosion 33. Submersion 34. Ran Off Roadway Only 40. Other*		
EJECTION FROM VEHICLE 1. Not Ejected 2. Partially Ejected 3. Ejected			VICTIM'S PHYSICAL AND EMOTIONAL STATUS 1. Apparent Death 2. Unconscious 3. Semiconscious 4. Incoherent 5. Shock 6. Conscious		
AGE 11 12 13			INJURED TAKEN 17 BY TO 18		